

AN ANALYSIS OF THE REIMBURSEMENT RATE PROVIDED
BY ALTERNATIVE HEALTH SERVICES TO
HOMEPROVIDERS PARTICIPATING IN
THE ALTERNATIVE LIVING
SERVICES PROGRAM

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BY
ISAAC CORNELIUS BRACEY, JR.

DEPARTMENT OF PUBLIC ADMINISTRATION

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ABSTRACT

BRACEY, ISSAC CORNELIUS

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An Analysis of the Reimbursement Rate Provided by Alternative Health Services to Homeproviders Participating in the Alternate Living Services Program

Adviser: Mr. Linwood Slayton

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This study is an attempt to determine what homeproviders participating in the Alternative Living Services Program are actually being paid for their services. Furthermore, an effort is made to ascertain whether present reimbursement levels are adequate, and if not, recommendations are made as to what an adequate level of reimbursement would be.

Periodically the program must be monitored and evaluated to determine whether homeproviders providing services to clients participating in the Alternative Health Services Project are provided an adequate reimbursement rate. This will help to insure that clients receive adequate care and help to promote the recruitment of new homeproviders.

The primary sources of information for the paper were the staff papers prepared by the Alternative Health Services staff and a questionnaire that was developed by Margaret Dennis and Isaac C. Bracey, Jr.

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INTRODUCTION

Long term care for the aged in the United States is overly dependent upon the nursing home:

This hospital-like model for long-term care is particularly inappropriate, since it imposes a medical solution on a variety of social problems. An adequate long-term care program requires a range of resources in the community as well as in institutions; sheltered housing options seem a desirable alternative to the nursing home.¹

This reliance upon the nursing home, as an all-purpose solution to the health problems of the elderly has resulted in "increased dependency, depression, and social isolation among the aged."² Older people want to continue to live in their own homes as long as possible. Mark V. Pauly found that:

This is the living arrangement preferred by eight of every ten persons. Six of every ten older people said that a home for the aged was the least desirable place for an older person to live.³

Almost all older people view the move to a nursing home with fear and hostility. The reasons for this attitude are: (1) they see moving to a nursing home as a sacrifice of their independence; and (2) all older people without exception

¹Robert L. Kane and Rosalie A. Kane, "Care of the Aged: Old Problems in Need of New Solutions," Science, vol. 200 (May 26, 1978): 913.

²Ibid., p. 913

³Mark V. Pauly, Medical Care at Public Expense: A Study in Applied Welfare Economics (New York: Praeger Publishers, 1972), p. 103.

believe that the move to an institution is a prelude to death."⁴
 However, this should not be interpreted as rational reasoning
 for eliminating nursing homes entirely.

A recent General Accounting Office (U.S. Senate, 1973) report
 stated that about 25 percent of the patient population in nursing
 homes are treated in facilities which are excessive to their needs."⁵
 and in Massachusetts, the Department of Public Health found that

...only 37 percent of the 100,000 patients in
 licensed nursing homes required full-time skilled
 nursing care; fourteen percent needed no institu-
 tional care; another 26 percent needed only limited
 or periodic nursing care.⁶

There continues to be a lack of knowledge about, and general underuti-
 lization of alternatives to institutionalization.

However, this is changing, not so much because of the social
 implications of nursing home care, but primarily because of the recent
 efforts towards cost-containment in the delivery of health-care
 services. Although the public might prefer to ignore the nursing home
 out of shame, it is forced to confront it out of fiscal necessity."⁷
 In 1966, there were 750,000 individuals in nursing homes across the
 nation, and by 1976 this figure had risen to 1,286,000 individuals.

⁴Ibid., p. 103.

⁵Susan R. Sherman and Evelyn S. Newman. Options in
 Intermediate Sheltered Housing for the Elderly (Albany Insitute
 of Gerontology, School of Social Welfare, The University of Albany,
 1976), p.1.

⁶Helen Kristin and Robert Morris, "Alternatives to Institutional
 Care For the Elderly and Disabled." The Gerontologist, Part I
 (Summer 1972): 139.

⁷Op. Cit., Kane and Kane. p. 913.

Health care costs for the elderly rose from \$8.2 billion in 1966 to \$34.9 billion (or 29 percent of the nation's total health bill) in 1976, an increase of 190 percent in real dollars.⁸

As the elderly population increases, the costs of nursing home care are likely to continue to grow both "absolutely and relatively."⁹

In 1966, 15 percent of health care expenditures for the elderly were attributable to nursing home costs, and in 1976 that proportion had risen to 33 percent."¹⁰ On a per client basis, this translates into approximately \$1,626 per person in 1966, and \$12,916 per person in 1976.

Payment for nursing home care is a major governmental undertaking. "In fiscal year 1977, \$12.5 billion was spent for nursing home care of which \$4.0 billion came from the federal sources and \$2.9 billion from state and local governments."¹¹ These expenditures can be primarily traced to Medicare and Medicaid programs. Medicare is far more restricted, covering only limited stays up to sixty days in skilled nursing care facilities. Medicaid is, therefore, the predominant payment source for nursing home care, drawing on a combination of both federal and state funds.

Alternative Health Services provides an alternative to institutionalization that could result in increased savings in the health care field for the elderly. The goal of this paper is to determine whether the reimbursement rate provided to homeproviders participating in the

⁸Ibid., p. 913

⁹Ibid., p. 913

¹⁰Ibid., p. 913

¹¹Ibid., p. 914

Alternative Living Services component of the Alternative Health Services Project is adequate. If the reimbursement rate is found not to be adequate, then the researcher will identify a payment level that is adequate.

II. SETTING

In recent years, in response to these social and fiscal concerns that have been outlined in the introduction, several programs have been developed to provide alternatives to institutionalization. The researcher's graduate internship requirement was fulfilled at such an agency, in the capacity of cost analyst for the Alternative Living Services component of the State of Georgia, Department of Medical Assistance's Alternative Health Services Project. The researcher's duties will be elaborated upon following a brief description of the Alternative Health Services project and the services it offers.

Alternative Health Services is a four-year demonstration project sponsored by the State of Georgia, Department of Medical Assistance. "The Project, which began in 1976, received 1115 waiver funding from the Department of Health, Education and Welfare, Health Care Financing Administration."¹² The Project was budgeted for \$3,000,000 for fiscal year 1977-78, of which approximately \$800,000 was spent for operational costs (twenty-six percent of the total budget). "The Project was designed to test the cost-effectiveness of a comprehensive system of community based care arrangements for the elderly."¹³

Clients for these services reside in a seventeen-county target area (Georgia Department of Human Resources Districts III and X). "Clients must be eligible for Medicaid and either reside in a nursing home or

¹²Georgia Department of Medical Assistance, Alternative Health Services Annual Report, 1977-78. (Atlanta: Funded by a grant from the Health Care Financing Administration, Department of Health, Education and Welfare), p. abstract.

¹³Ibid., p. Abstract.

require nursing home care."¹⁴ Potential clients who wish to obtain services through the project receive a health care needs assessment.

Of those potential clients who are felt to be appropriate for project services, one quarter are assigned to a control group, and are not offered project services. The control group will allow the project to compare the cost-effectiveness of the project services with other services available in the community."¹⁵

The State of Georgia was selected for the demonstration project because it has a large elderly medicaid population in comparison to other southeastern states.

There is a significantly higher number of medicaid nursing home patients in Georgia than in surrounding states. This already large population continues to grow. In 1974, 412,000 Georgians or 8.5 percent of the state's population was over 65 years of age. By 1980, it is estimated that this figure will rise to nine percent."¹⁶

The goals of the Alternative Health Services Project are to

- (1) determine if effective services can be provided in alternative care arrangements for clients who have some capacity for self-sufficiency;
- (2) determine if premature or unnecessary placement can be prevented; and
- (3) determine if less expensive and appropriate alternatives to nursing home care can be implemented."¹⁷

Presently, three service alternatives are provided by the Project on a voluntary basis. They are Alternative Living Services, Home-

¹⁴Alternative Health Services Staff Papers, Program Parameters Georgia Department of Medical Assistance, 1977) p. 1.

¹⁵Alternative Health Services Annual Report (1977-78, (Georgia Department of Medical Assistance, 1978) p. abstract.

¹⁶Alternative Health Services Staff Papers, Description of the Services, (Georgia Department of Medical Assistance, 1976)

¹⁷Ibid. p. 2.

Delivered Services, and Adult Day Rehabilitation. For the purpose of this analysis, the researcher is solely concerned with the Alternate Living Services component.

Alternative Living Services consist of three types of twenty-four hour residential services to adults: (1) Adult Home Care, (2) Board and Care, and (3) Congregate Living (presently none of the clients fall into this category). "The least restrictive environment for each client is selected as part of an overall treatment plan."¹⁸

- (1) Adult Home Care is a contractual agreement with a family which agrees to care for one to six aged persons in their home in exchange for a monthly payment to cover those client's basic expenses. The home's host must be able to be supportive of the physical and emotional needs of the client in the normal family setting.
- (2) Board and Care arrangements are made for seven to fifteen clients who generally require less direct assistance in meal preparation and room maintenance.
- (3) Congregate Living arrangements are placements of several persons in furnished apartments or rental facilities. These clients are those with the fewest health problems and the most potential for independent functioning (presently none of the clients fall in this category).¹⁹

Clients are assigned a level of care (Level I Supervision, Level II Supervision, and Level III Supervision). Level III Supervision is not available in Congregate Living settings.

- (1) Level I Supervision - The provision of general supervision, including such services as checking on the individual if he or she does not show up for meals, supervision of medications, money management, and accompanying the individual to outside activities such as recreational activities or a medical appointment.

¹⁸Alternative Health Services Annual Report 1977-78. p. 66.

¹⁹Ibid.

- (2) Level II Supervision - The provision of personal care services such as assistance in grooming, bathing, dressing, feeding, ambulation, and special diets.
- (3) Level III Supervision - The provision of short-term emergency care for clients whose conditions are of such severity that they must be placed within two weeks to avoid institutionalization. In general, Level III Supervision is available only for thirty days, or until an appropriate Level I or Level II placement can be made (presently none of the clients fall in this category).²⁰

Homeproviders are individuals who voluntarily participate in the Alternative Living Services component, and have met the standards provided for in the Project's Homeprovider Manual, which conform with the State standards established for foster home care, and have voluntarily agreed to accept clients either through the Adult Home Care component or the Board and Care Component. At the time of this study, twenty-nine homeproviders were participating in the project. The typical homeprovider is about fifty-two years of age, a housewife, or a retired individual.

The Homeprovider's Manual outlines the physical requirements the facility must meet (i.e. location of the facility, sanitation in the facility, space in the facility, mechanical, electrical, and plumbing equipment of the facility). In addition, a telephone, and a fire inspection are necessary for approval as a homeprovider. The homeprovider is supposed to provide the services based upon the results of the clients need-assessment, as outlined under the three levels of care.

Accordingly, the homeprovider receives \$154.40 per month from the client through SSI (Supplemental Security Income) payments. The Project reimburses the homeprovider based upon supervision levels (\$39 per

²⁰Ibid.

month for Supervision Level I, \$60 per month for Supervision Level II, and \$90 per month for Level III). Presently, the Alternate Living Services component has no Level III clients on their roster. The gross payment for Level I clients is \$193.40/month (\$154.40/month + \$39/month), while gross payments for Level II clients amounts to \$214.40/month (\$154.40/month + \$60/month).

Clients participating in the Project can be divided into two basic categories: (1) Grandfathered clients - these are individuals that had been previously chosen to participate in the State of Georgia's Mental Health Project, Supportive Living Services Program, which is an alternative to institutionalization of individuals with mental health problems. However, primarily for Alternate Living Service Project implementation concerns, they were transferred into our program, and (2) non-grandfathered clients - those are individuals that were approved for the Alternative Health Services Project (Alternate Living Services component) and had not been approved for already existing alternatives to institutionalization in Georgia.

The researcher's responsibilities as an intern with the project were (1) to determine what homeproviders are paid for providing services to the client (net payment/hour = gross payment - client's share of basic living expenses/ the way the homeprovider spends time specifically with the client + the client's share of the time that the homeprovider spends conducting general homemaking chores, such as cooking and housekeeping). The terms Client-Specified time and General time are used to refer to the time the homeprovider spends specifically with the client and the client's share of time that the homeprovider spends conducting general homemaking chores performed for the benefit of the entire household, respectively.

(2) The researcher's second responsibility was to attempt to determine if this rate was adequate, based upon responses to a questionnaire, that was developed to attempt to ascertain the manner in which the homeproviders spent their time and money in providing services to the clients. Three assumptions were made about what an adequate net payment/ hour should be (2.95/hour, \$2.00/hour, and \$1.00/hour). These assumptions do not exceed the minimum wage level nor the \$576/month (\$3.35/hour) that is paid to Nursing Home Technicians on the Georgia Merit System, that perform tasks comparable to those the homemaker performs for the Alternative Living Service's clients. These assumptions provide for levels of payment commensurate with skilled and semi-skilled labor, and full and part-time employment. An important concern in the determination of whether the reimbursement rate is adequate is how the homeproviders participating in the Alternative Living Services program can be most appropriately described as semi-skilled (with the exception of some boarding home personnel) and the larger percentage of their time is spent doing homemaking chores that are beneficial to the entire household, as opposed to being directly and solely beneficial to the client.

III. STATEMENT OF THE PROBLEM

How adequate is the reimbursement rate provided by the Project to homeproviders participating in the Alternative Living Services component? The program must be periodically monitored and evaluated to attempt to insure that homeproviders are reimbursed at a rate that will result in the effective and efficient delivery of services to the client. This was an ongoing responsibility assigned to the writer while fulfilling his internship duties. This analysis is the result of the intern's work in monitoring and determining whether reimbursement rates were adequate.

Thus, the research conducted was not designed and implemented in an effort to correct an identified problem, but rather to assess the degree to which the program was meeting the needs of the homeproviders. The findings and recommendations advanced herein, therefore, are improvement-oriented.

IV. METHODOLOGY

The research was completed through the usage of survey-research methods. The following activities were undertaken to complete the project:

- (1) A questionnaire was developed that would render reliable time and cost data about the services provided by the homeprovider to Alternative Living Services clients. The questionnaire was pre-tested four times to insure that it would render reliable and valid time and cost data. The questionnaire was designed to provide the researcher with sufficient data to calculate individual homeprovider's net payment/hour/client ($\text{net payment/hour/client} = \text{gross payment} - \text{client's share of basic living expenses/the way the home-provider spends time specifically with the client} + \text{the client's share of time that the homeprovider spends conducting general homemaking chores, such as cooking and housekeeping}$). Basic living expenses include such things as rent, grocery shopping, personal shopping for the client, etc.
- (2) The questionnaire was administered to the twenty-nine homeproviders. Forty-five clients were receiving services at the time of this study. Homeproviders were asked to indicate how they spend their time and money in providing services to our clients.
- (3) The net/payment/hour/client for each client was calculated. The data was disaggregated in order that T-test comparisons could be made on the following client-categories: Grandfather Level I and Non-grandfather Level I, and Non-Grandfather Level I and Non-Grandfather Level II, and Non-grandfather Level I-Urban Adult Home Care and Non-grandfather Level II-Urban Adult Home Care and Non-grandfather Level II-Urban Adult Home Care. The T-statistic is a measure of the difference between means relative to the dispersion around those means. By subjecting the respective means

net payments/hour/client to T-test comparisons, one can answer the question, whether or not there is a substantial difference between the average scores (mean net payments/hour/client) of the respective client categories that are under examination.

- (3) Finally, assumptions were made about what an adequate level of reimbursement would be (\$2.95/hour, \$2.00/hour, and \$1.00/hour). These assumptions were then evaluated to estimate their impact upon payments to the homeprovider and medicaid related costs. Based upon consideration of the financial concerns of the homeprovider and their perceived role as viewed by the researcher, and medicaid cost-containment concerns, an efficient and effective level of funding is recommended for the homeproviders.

V. FINDINGS

The mean net payment/hour/client for the forty-five clients presently being served in the program is approximately \$.47/hour/client, while 68.26% of the clients fell within plus or minus 1.89 standard deviations from the mean. This indicates that the scores were highly dispersed around the mean. In an effort to identify particularly significant deviations, the data was disaggregated and subjected to T-test comparisons. Presently, the program is serving twenty-one Non-grandfather clients and twenty-four Grandfather clients.

In an effort to insure that the researcher does not jeopardize the external validity of the study, the concern will now shift to analyzing the Non-grandfather clients, only, for the purpose of making recommendations. This was necessary because grandfathered clients by definition, received other services prior to entry in the program. Their inclusion into this analysis may have resulted in skewed data. Of the twenty-one Non-grandfather clients, only three resided in rural areas, and all of them were Adult Home Care-Level II clients, thus limiting the inferences or generalizations that could be made about rural clients. However, the mean net payment/hour/client for the three Rural-Level II clients was approximately \$1.66/hour/client, substantially higher than the mean net payment/hour/client for Non-grandfather-Level II - Urban-Adult Home Care clients, which amounted to approximately \$.34/hour/client. It is safe to say that based upon responses to the questionnaire, certain cost of living indicators are

substantially lower in rural areas, than in urban areas. Mortgages, insurance (home and auto), taxes (sales and property), and grocery costs were lower in the rural areas, than in the urban areas. Most of the rural clients reside in homes that have gardens or on farms.

Of the twenty-one Non-grandfather clients, only four resided in boarding homes. All four of these clients resided in urban areas and three of them were Level II clients. The mean net payment/hour/client for Non-grandfather-Level II-Urban-Boarding Home clients is approximately $-\$.56/\text{hour/client}$, while for the one Non-grandfather-Level I-Urban-Boarding Home client the net payment/hour/client is $-\$.92/\text{hour/client}$. The amount of information available does not facilitate the comparison of urban versus rural payments, nor does it provide a sample size that would prompt the researcher to draw many statistical inferences from. However, it is safe to say that it appears that residents residing in boarding homes, in urban areas are losing money serving the clients.

Of the twenty-one Non-grandfather clients that information was gathered on, seventeen of them resided in urban areas, in Adult Home Care settings. This represents eighty-five percent of the Non-grandfather clients being served. Non-Grandfather-Level-I-Urban-Adult-Adult Home Care clients and Non-grandfather-Level II-Urban Adult Home Care have mean net payments/hour/client of $\$.19/\text{hour/client}$ and $\$.34/\text{hour/client}$, respectively.

T-test comparisons were computed on time and cost data for the following client categories: (1) Non-grandfather-Level I and Non-grandfather Level II, and (2) Non-grandfather-Level I-Urban Adult Home Care and Non-grandfather-Level II-Urban-Adult Home Care. These comparison rendered no significant difference in the respective mean time and payment figures, as indicated in Table I. (Table I appears on following page).

Table I
T-test Comparisons

N.G. Level I (N = 5)		N.G. Level II (N = 15)	
		Client-Specific Time + Avg. General Time (Hrs./Mos.)	
\bar{X}	84.7		103.55
S.D.	44.07		87.52
T-Score		.4508955 (not significant at P less than .05 level)	
		<u>Net Payment</u> Client-Specific Time + Average General Time (Dollar/Hr.)	
\bar{X}	-.19		.53
S.D.	.5221869		.84
T-Score		1.793021 (not significant at P less than .05 level)	
N.G. Level I, Urban, AHC (N = 5)		N.G. Level II Urban, AHC (N = 12)	
		T-Test Comparisons	
		Client-Specific Time + Average General Time (Hrs./Mos.)	
\bar{X}	84.7		108.20
S.D.	44.07		97.30
T-Score		.5102355 (not significant at P less than .05 level)	

(Table I continued)

		Net Payment Client-Specific Time + Average General Time (Dollar/Hour)	
\bar{X}	-.19		.34
S.D.	.5221869		.7145928
T-Score		1.5006498 (not significant at P less than .05 level)	

Note: Table I provides a convenient way of comparing the mean time and payment figures for the above client-categories, by subjecting the respective mean figures to T-test comparisons.

VI. RECOMMENDATIONS AND CONCLUSIONS

Because eighty-five percent of the Non-grandfather clients presently being served reside in urban areas and receive Adult Home Care Services, the researcher utilized the mean net payments/hour/client for Non-grandfather-Urban-Level I and II-Adult Home Care clients as a base from which to make recommendations about the reimbursement rate. Affecting the appropriate recommendation for these clients will at least impact upon the majority (eighty-five percent) of the homeproviders in an appropriate way, and in the case of Boarding Home Care, it will make some headway towards alleviating their problem.

Further monitoring efforts should be concentrated on Boarding Homes and placements should be increased to facilitate research into this area, particularly in rural areas. The recommendations that are rendered here do not purport to appropriately address the Boarding Home-homeprovider's needs.

Homeproviders participating in the Project that have Level I clients should receive one dollar/hour. This would represent a thirty-two percent increase in gross payments to the Non-grandfather Level I-Urban-Adult Home Care homeproviders, while resulting in the smallest increase in Medicaid payments (See Table II). The one dollar/hour is in line with the researcher's perceived role of the homeprovider and attempts to address in an appropriate way, the financial concerns of Adult Home Care-Level I clients, while remaining sensitive to Medicaid

cost-containment concerns.

Homeproviders that have Level II clients should also receive one dollar/hour. This would represent a 5.2% increase in gross payments to the Non-grandfather-Level II-Urban Adult Home Care homeproviders, while resulting in the lowest increase in Medicaid payments. Here again, this level of funding attempts to address the concerns of Adult Home Care homeproviders, while remaining sensitive to Medicaid cost-containment concerns.

One dollar/hour for Level I and II clients represents a level of funding that is politically feasible, as the other proposed assumptions about an adequate level of funding result in extremely large incremental increases relative to the present level of funding (See Table II).

Table II

Projected Incremental Increases
 N.G.* Level I, URBAN, ADULT HOME CARE

Present Payment Levels	(\$39/mos.)	\$193.40/mos.)	(\$140/mos.)
Assumption	Supervision Payments	Gross Payments	Medicaid Payments
\$2.95/hr.	\$224.76 (576%)	\$418.16 (116%)	\$364.76 (261%)
\$2.00/hr.	\$144.96 (372%)	\$338.36 (75%)	\$284.96 (203%)
\$1.00/hr.	\$ 60.96 (156%)	\$254.36 (32%)	\$200.96 (143%)

N.G. LEVEL II, URBAN, ADULT HOME CARE

Present Payment Level	(\$60/mos.)	\$214.40/mos.)	\$160/mos.)
Assumption	Supervision Payments	Gross Payments	Medicaid Payments
\$2.95/hr.	\$221.88 (369.8%)	\$436.28 (103.5%)	\$381.88 (238.67%)
\$2.00/hr.	\$119.28 (199%)	\$333.68 (56%)	\$279.28 (174.6%)
\$1.00/hr.	\$ 11.28 (18.8%)	\$225.68 (5.36)	\$17.28 (107.05%)

NOTE: Table II provides the reader with the incremental increases expected to occur with each of the three assumptions).

*N.G. stands for Non-Grandfather

The data collected indicates that it may be practical to set up two distinct payment systems for urban and rural clients, however, this would not be politically practical, in that the Georgia legislature is predominantly suburban-rural, and is unlikely to approve of such a change.

Boarding homes provide a distinctly different approach to the delivery of services to clients. As a result, they have different sets of costs, and thus should be monitored and evaluated, separately from Adult Home Care Service.

In conclusion, the researcher has attempted to identify an efficient and effective reimbursement rate-one that would provide for the maintenance of the Project's homeproviders and encourage other individuals to become homeproviders, while remaining sensitive to cost-containment concerns associated with Medicaid.

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A P P E N D I X

ALTERNATIVE LIVING SERVICES
COST-ANALYSIS QUESTIONNAIRE

NAME OF PROVIDER _____

ADDRESS _____

TELEPHONE NOS. _____

AGE _____ BIRTHDATE _____

SEX _____ RACE _____

NAME OF INTERVIEWER _____

INTERVIEWER NO. _____

DATE _____

TIME INTERVIEW STARTED _____

TIME INTERVIEW ENDED _____

WHO IS BEING INTERVIEWED:

HOMEOWNER _____ (Specify who)

STAFF MEMBER _____ (Specify who)

OTHER _____ (Specify who)

This questionnaire is designed to give Alternative Health Service a better idea of the cost associated with providing services to its clients. You should feel free to answer only those questions that you want to. However, by answering these questions as precisely as possible, you will be providing us with a most useful service. Your answer will be kept confidential.

First, I have some general questions about yourself, this home, and the services that you provide.

1.01 Do you:

Own ____ (Go to 1.03) Rent ____ or are you Buying ____ the home?

1.02 How much is the rent or mortgage on the home/month?

Rent _____ (Go to 1.04)

Mortgage _____ (Go to 1.03)

1.03 How much in property taxes do you pay on the home?

1.04 Do you have insurance on the home?

Yes _____ (Go to 1.05)

No _____ (Go to 1.06)

1.05 If yes, what kind of insurance do you have and how much do you pay per year?

Type of Insurance	Cost/Year
<div style="border-left: 1px solid black; height: 100px; margin-left: 100px;"></div>	

1.06 Does the homeprovider (boarding home, etc.) own an automobile (van, car, etc.)

Homeprovider has an automobile _____ (Go to 1.07)

Homeprovider has access to an automobile _____ (Go to 1.07)

Neither owns or has access to an automobile _____ (Go to 1.09)

1.07 Do you have auto insurance?

Yes _____ (Go to 1.08)

No _____ (Go to 1.09)

If yes, what kind and how much do you pay?

1.08

Type of Insurance	Cost/Year

1.09 In the winter months (December, January, and February) about how much was your electric bill/month? _____ Gas Bill? _____
Water Bill? _____

1.10 In the spring months, (March, April, and May) about how much was your electric bill/month? _____ Gas Bill? _____
Water Bill? _____

1.11 In the summer months (June, July, August) about how much was your electric bill/month? _____ Gas bill? _____
Water Bill? _____

1.12 In the fall months (September, October, November) about how much was your electric bill/month? _____ Gas Bill? _____
Water Bill? _____

1.13 Please tell me about any maintenance activities that were carried out over the last year and outline the cost associated with materials and labor (roofing, screens, windows).

Name of Activity	Supplies Required	Cost of Supplies(nos.)	Cost of Labor (Person/hrs. or Total Labor Cost		Total Cost

1.14 Were any of these maintenance activities done to prepare for the approval of the AHS programs?

Yes _____ (Go to 1.15)

No _____ (Go to 1.16)

1.15 List them (by activity).

1.16 Are there other members of your family living with you at this residence?

1. Spouse _____

2. Children under 10 (How many?) _____

3. Children over 10 (How many?) _____

4. Elderly relative (How many?) _____

5. Other (Specify) _____

6. None _____

1.16A How many years of schooling did you complete? _____

1.17 Who else lives at this residence, and how much does each boarder pay for room and board? (Specify relationship.)

Name of Person	Age	Sex	Race	Boarder	Rent/mos.	Other(Specify)

1.18 Which of these are Alternative Living Service clients? (Specify name, age, sex, race, and length of stay).

Name of Person	Age	Sex	Race	Length of Stay

- | | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

- Yes _____ (Go to 1.22)
- No _____ (Go to 1.21)

-
-
-

- | Name of Activity | Supplies
Required | Cost of
Supplies (nos.) | Cost of Labor
(Persons/hrs. or
Total Labor Cost) | Total Cost |
|------------------|----------------------|----------------------------|--|------------|
| | | | | |

1.23 What additional cost did you incur in preparing for the clients that were not directed toward meeting the standards in the manual?

Name of Activity	Supplies Required	Cost of Supplies (nos.)	Cost of Labor (Persons/hrs. or Total Labor Cost)	Total Cost

1.24 Do you have any staff member or hired workers to help you with providing services to the Alternative Living Service clients at the home?

Yes _____ (Go to 1.25)

No _____ (Go to 1.26)

1.25 List title, numbers, duties, schedule, and wages.

Title	Nos.	Job Description	Duties	Schedule	Wages

Type of Services	Staff	Home Provider	Other (Specify)

A _____ All residents manage their own grocery shopping.

B _____ Provider does grocery shopping for some residents.

C _____ Provider does grocery shopping for all residents.

D _____ Staff member does grocery shopping for residents.

E _____ Staff member provides assistance to the residents.

F _____ Other

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1.28 About how often do you or your staff go grocery shopping?

1.29 About how long does it take each time? _____

1.30 About how much is your grocery bill a week? (Show receipts if possible.)

1.31 How many people are you purchasing food for?

1.32 How many of these people are ALS clients? _____

1.33 Are any of the people living here on a special diet?

Yes _____ (Go to 1.34)

No _____ (Go to 1.36)

1.34 Who has a special diet? (Check if ALS or boarder).

Name	ALS Client	Other Boarder

1.35 What are these special dietary goods that must be purchased and how much do they cost?

Type of Food	Cost of That Food

- 1.36 What meals are cooked by you or your staff for the residents per day? (Check meals made available.)

Breakfast _____

Lunch _____

Dinner _____

All of the Above _____

None of the Above _____

- 1.37 Who cooks the meals?

_____ per week.

- 1.38 How many days per week do you provide the ALS clients their meals?

_____ per week.

- 1.39 Do you allow the ALS clients to have second helpings?

Yes _____ (Go to 1.40)

No _____ (Go to 1.41)

- 1.40 Please specify what types of food the residents may have second helpings of (List).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 1.41 Are the residents allowed to cook their own meals?

Yes _____ (Go to 1.42)

No _____ (Go to 1.43)

- Homeprovider _____
Staff Member _____
Other (Specify) _____

- Homeprovider _____
- Staff Member _____
- Other (Specify) _____

- _____

- Yes _____ (Go to 1.50)
- No _____ (Go to 1.54)

- | What Kind of Session | Length of Session | How Often Sessions Occur per Week |
|----------------------|-------------------|-----------------------------------|
| | | |

1.51 Who organizes or plans these physical or mental therapy sessions for the resident?

Homeprovider _____

Staff Member (Specify Who) _____

Other (Specify) _____

1.52 Homeprovider _____

Staff Member (Specify Who) _____

Other (Specify Who) _____

1.53 How much time do you or your staff members spend supervising these Therapy sessions with the resident?

1.54 Do you own a telephone?

Yes _____ (Go to 1.55)

No _____ (Go to 2.00)

1.55 Are residents or boarders allowed to use the telephone for local calls?

Yes _____ (Go to 1.47)

No _____ (Go to 2.00)

1.56 How much is the monthly service charge on your phone bill?

(Not including long distance calls) _____

Client Name _____

Client ALS Number _____ Sex _____

Race _____ Age _____ Birthdate _____

Now, we will ask you some specific questions about some of the Alternative Living Service clients living in your home and the services that you provide them.

2.00 Does the resident need help with bathing or washing?

Yes _____ (Go to 2.01)

No _____ (Go to 2.04)

2.01 About how often is the resident bathed or washed?

2.02 About how long does it take?

2.03 Who bathes or washes the resident?

Homeprovider _____

Staff Member (Specify Who) _____

Other (Specify) _____

2.04 Does the resident dress his/herself without your assistance?

Yes _____ (Go to 2.07)

No _____ (Go to 2.05)

2.05 Who dresses the resident?

Homeprovider _____

Staff Member (Specify Who) _____

Other (Specify Who) _____

2.06 About how long does it take to dress the resident?

- 2.07 Does the resident feed his/herself?
Yes _____ (Go to 2.10)
No _____ (Go to 2.08)
- 2.08 About how long does it take to feed the resident each day?

- 2.09 Who feeds the resident?
Homeprovider _____
Staff Member (specify Who) _____
Other (Specify Who) _____
- 2.10 Does the resident use the toilet, clean up, and adjust his/her clothes without help from you?
Yes _____ (Go to 2.13)
No _____ (Go to 2.11)
- 2.11 Who assists the resident in using the toilet, cleaning up and adjusting his/her clothes?
Homeprovider _____
Staff Member (specify Who) _____
Other (Specify Who) _____
- 2.12 About how long does it take each day to assist the resident with using the toilet, clean up, and adjust his/her clothes?

- 2.13 Does your resident ever have trouble getting to the bathroom on time, or do accidents occur either with passing urine or bowel movements?
Yes _____ (Go to 2.14)
No _____ (Go to 2.17)

2.14 About how often would you say these accidents occur?

2.15 Who cleans up the area after a resident has an accident?

Homeprovider _____

Staff Member (Specify Who) _____

Other (specify Who) _____

2.16 How long does it usually take to clean up the area?

2.17 Does the resident have an artificial opening or ostomy, or does he/she use a device such as a catheter tube?

Catheter tube _____ (Go to 2.18)

Artificial opening or ostomy _____ (Go to 2.18)

None _____ (Go to 2.21)

2.18 Who takes care of the catheter tube or artificial opening, ostomy, or other device?

Resident _____ (Go to 2.21)

Homeprovider _____ (Go to 2.19)

Staff Member _____ (Go to 2.19)

Other (Specify Who) _____ (Go to 2.19)

2.19 About how often must assistance be given to the resident? (Day or week)

2.21 Who cleans or straightens up the resident's living quarters?

Resident _____ (Go to 2.24)

Homeprovider _____ (Go to 2.22)

Staff Member (Specify) _____ (Go to 2.22)

2.22 How often do you usually clean or straighten up the resident's living quarters?

2.23 About how long does it take each time? _____

2.24 Who takes care of the resident's laundry? (Washing & Ironing)

Resident _____ (Go to 2.27)

Homeprovider _____ (Go to 2.25)

Staff Member _____ (Go to 2.25)

Other (Specify) _____ (Go to 2.25)

2.25 About how often must the resident's laundry be taken care of a week? (Washing & Ironing)

2.26 About how long does it take to do the resident's laundry? (Washing & Ironing)

2.27 Who does the resident's personal shopping? (Toilet items, personal items, not including groceries for entire house, and drugstore goods).

Resident _____ (Go to 2.30)

Homeprovider _____ (Go to 2.28)

Staff Member _____ (Go to 2.28)

Resident with assistance from homeprovider _____ (Go to 2.28)

Resident with assistance from staff member _____ (Go to 2.28)

Other (Specify) _____ (Go to 2.28)

2.28 About how often does the resident require personal shopping assistance? (Record frequency and convert to times/mos.)

2.29 About how long does it take each time to do or assist the resident with his/her personal shopping?

2.30 Who takes care of the resident's banking business?

Resident _____ (Go to 2.33)

Homeprovider _____ (Go to 2.31)

Staff Member (Specify Who) _____ (Go to 2.31)

Resident with assistance from staff members _____ (Go to 2.31)

Resident with assistance from home provider _____ (Go to 2.31)

Other (Specify Who) _____ (Go to 2.33)

2.31 About how often does the resident require assistance with his/her Banking or business matters?

2.32 About how long does it take each time to handle banking or business matters for the resident?

2.33 Who is responsible for giving the resident his/her medication?

Resident _____ (Go to 2.36)

Homeprovider _____ (Go to 2.34)

Staff Member (Specify Who) _____ (Go to 2.34)

Resident with assistance from staff member _____ (Go to 2.34)

2.34 About how often does the resident need assistance in taking medication?

2.35 How long does it usually take each time to assist the resident in taking his/her medicine?

2.36 Who prepares the resident's food?

Resident _____ (Go to 2.41)

Homeprovider _____ (Go to 2.37)

Staff Member (Specify Who) _____ (Go to 2.37)

Resident with assistance from homeprovider _____ (Go to 2.37)

Assistance from staff members _____ (Go to 2.37)

2.37 Are the resident's meals prepared separately from the other residents?

Yes _____ No _____

2.38 What meals do you serve the resident?

Breakfast _____

Lunch _____

Dinner _____

All of the above _____

None of the above _____

2.39 How often do you prepare the resident's meals?

(Days of Week) _____

2.40 About how long does it take to prepare each meal?

Breakfast (Specify Time) _____ Lunch (Specify Time) _____

Dinner _____ (Specify Time)

2.41 Who buys the resident's food?

Resident _____ (Go to 2.47)

Homeprovider _____ (Go to 2.42)

Staff Member (Specify Who) _____ (Go to 2.42)

Resident with assistance from homeprovider _____ (Go to 2.42)

Resident with assistance from staff member _____ (Go to 2.42)

- 2.42 Is the resident's food purchased separately from the rest of the household?
(Purchased separately from the other residents or boarders in the house or home)
- Yes _____ (Go to 2.43)
- NO _____ (Go to 2.43A)
- 2.43 About how much is the grocery bill for the resident/week?
_____ (Show receipts if possible)
- 2.43A. Now I would like to think about how much the groceries for this client cost compared to other people you buy food for. Would you say that (client's) groceries cost more the same, or less than others in the household?
- More _____ (Go to 2.43B)
- Same _____ (Go to 2.44)
- Less _____ (Go to 2.43c)
- 2.43B. How much more does this client's groceries cost and why does it cost more?
- _____

- 2.43C. How much less does this client's groceries cost and why does it cost less?
- _____

- 2.44. Who takes care of the housekeeping/homemaking chores? (Note: other than laundry, cleaning resident's room, cooking resident's meals etc.- those resident-related services mentioned earlier).
- Home Provider _____ (Go to 2.45)
- Resident _____ (Go to 2.47)
- Staff Member _____ (Go to 2.45)
- Resident with assistance from homeprovider _____ (Go to 2.45)
- Other (Specify) _____
- 2.45 About how often do you do the housekeeping or homemaking chores?
- _____
- 2.46 About how long does it take each day to do the housekeeping/homemaking chores?
- _____

- 2.47 Do you provide transportation for the resident to health facilities?
(Hospital, clinics, doctors)
- Yes _____ (Go to 2.48)
- No _____ (Go to 2.52)
- 2.48 Who provides transportation for the resident?
- Homeprovider _____
- Staff Member _____
- Other (Specify) _____
- 2.49 About how often do you provide transportation a week for the resident
to health facilities? (Allow any frequency and convert to times/mos.)
- _____
- 2.50 Approximately how long does each health-related visit take per trip?
- _____
- 2.51 About how far is it round-trip to the health facility?
- _____
- 2.52 Do you provide transportation for the resident to social activities?
(Church, parks, senior citizens groups, etc.)
- Yes _____ (Go to 2.53)
- No _____ (Go to 2.57)
- 2.53 Who provides the transportation for the resident to these social
activities?
- Homeprovider _____
- Staff Member _____
- other (Specify Who) _____
- 2.54 About how often do you provide transportation for the resident to these
social events?
- _____
- 2.55 About how long does the average trip to these social activities take?
- _____

2.56 About how far is it round-trip to the social activities? (On the average)

2.57 Do you provide transportation for the resident to the drugstore?

Yes _____ (Go to 2.58)

No _____ (Go to 2.61)

2.58 About how often do you go to the drugstore for the residents?

2.59 About how long does an average trip to the drugstore take?

2.60 About how far is it round-trip to the drugstore?

2.61 Does the resident take part in social events or recreational activities?

Yes _____ (Go to 2.62)

No _____ (Go to 2.63)

2.62 List these social and recreational events that the resident takes part in; number of residents that take part in these activities; who plans and supervises these activities and events; about how often each event occurs; and about how long each event lasts.

(cont'd)

Activity	No. of Residents Participating	Who Plans Activities (Specify)	Who Supervises Activity	Frequency of Activities	How Long Each Activity Lasts
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2.63 Does the resident take part in mental and physical therapy sessions?

Yes _____ (Go to 2.64)

No _____ (Go to 2.67)

2.64 Who plans these sessions?

Homeprovider _____

Staff Member (Specify Who) _____

Other (Specify) _____

2.65 How often do these sessions occur? (Convert to times/mos.)

2.66 How many other residents are involved in the physical and mental therapy sessions?

2.67 Are there other things that you (or paid staff) do for this resident other than what we have mentioned?

Yes _____ (Go to 2.68)

No _____ (Go to 2.69)

2.68 List these services, indicate who performs this function, how often this service is provided, and how much time is allotted for this service.

Service	Who Performs Function	How Often is This Service Offered	Length of Service

- 2.69 Now, I would like for you to think about how much time you spend doing things for this client compared to other paying boarders or paying residents in the house.

Do you spend more time, about the same amount of time, or less time with this client than with the other paying boarders?

More _____ (Go to 2.70)

Same _____ (End of Interview)

Less _____ (Go to 2.71)

- 2.70 About how much more time is needed each week?

- 2.71 About how much less time is needed each week?
